FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See inst	ructions)	Office use only						
NAME OF COMMITTEE (in	(Check if nan is changed)	ne Example: If typying, type over the lines	12FE4M5						
SOUTH CARO	LINA LIBERTARIAN PARTY	SCLP							
ADDRESS (number and	PO BOX 291383								
X (Check if address is changed)	Columbia		SC 29229 _						
001414777770 5 144	L ADDDESO	CITY▲	STATE▲ ZIP CODE ▲						
COMMITTEE'S E-MA									
COMMITTEE'S WEB	PAGE ADDRESS (URL)		·						
http://www.sc	libertarians.org								
COMMITTEE'S FAX N	IUMBER								
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2. DATE 0.5	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER C C00400945									
4. IS THIS STATEM	ENT X NEW (N)	AMENDED (A)							
I certify that I have exami	ned this Statement and to the best of n	ny knowledge and belief it is true, correct a	nd complete						
Type or Print Name of Treasurer Jeffrey L. Dimit									
Signature of Treasurer Electronically Filed by Jeffrey L. Dimit Date M M M C D D D C D D D D D D D D D D D D									
NOTE: Submission of fa	·	on may subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS						
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530							

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)						
	Name of Candidate						
	Candidate Office Party Affiliation Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	(d) X This committee is a STA (National, State (or subordinate) committee of the LIB (Der Rep (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	mocratic, publican,etc.) Party. ad or party					
3.	Name of Any Connected Organization or Affiliated Committee						
L							
	Mailing Address						
	CITY▲ STATE▲ Z	ZIP CODE 🛦					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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V	Vrite or Type Committee Name			
	SOUTH CAROLINA LIB	ERTARIAN PARTY SCLP		
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone number books and records.	er optional), and position of	the person in
	Full Name Jeffrey	L. Dimit		
	Mailing Address	321 Amy Dr		
		Goose Creek	SC	29445 _ 3535
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Treasurer		843 Telephone number	296 8038
	Full Name	designated agent (e.g., assistant treas	urer).	
	of Treasurer	L. Dimit		
	of Treasurer Jeffrey Mailing Address	L. Dimit 321 Amy Dr		
				<u> 29445</u> – <u>3535</u>
		321 Amy Dr	SC_ STATE &	29445 _ 3535 ZIP CODE ▲
	Mailing Address	321 Amy Dr Goose Creek		
	Mailing Address Title or Position ♥	321 Amy Dr Goose Creek	STATE &	ZIP CODE A
	Mailing Address Title or Position ▼ Treasurer Full Name of Designated	321 Amy Dr Goose Creek	STATE &	ZIP CODE A
	Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	321 Amy Dr Goose Creek	STATE &	ZIP CODE A

Telephone number

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9.	Banks or Other I safety deposit box Name of Bank, De	xes	or	ma	ain	tair	ns				ll b	anl	KS (or c	othe	er (dep	os	itor	ries	in	wł	nich	ı th	e c	om	nmi	tte	e d	ерс	sits	s fu	nds	s, h	old	s a	CCC	our	ıts,	, rer	nts				
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Form/Schedule: F1N Transaction ID:	Ameneded form showing new address and new treasurer. The FEC program does not provide a mechanism for submitting an amended form.													